



# **HOW KANSAS STACKS UP:**

## **A Regional and National Comparison of Mental Health Care Services**

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Presented by:

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# How Kansas Stacks Up: A Regional and National Comparison

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## Executive Summary

In recent years, a strong interest has been expressed in the mental health field regarding the capability to identify and adequately measure the effectiveness of mental health service provision. Efforts to support this interest within the Center for Mental Health Services (CMHS), a division of the Substance Abuse and Mental Health Services Administration (SAMHSA) within the United States Department of Health and Human Services (HHS) have resulted in three useful reports:

1. Sixteen State Study on Mental Health Performance Measures (published in 2003);
2. Uniform Reporting System Output Tables (published in 2004); and
3. Funding Sources and Expenditures of State Mental Health Agencies: FY2002 (published in 2004).

Additional information used for this report was secured from the following sources:

- Automated Information Management System (data warehouse for the Kansas public mental health system);
- Kansas Consumer Satisfaction Surveys (conducted by contractors for SRS); and
- Kansas Client Status Reports.

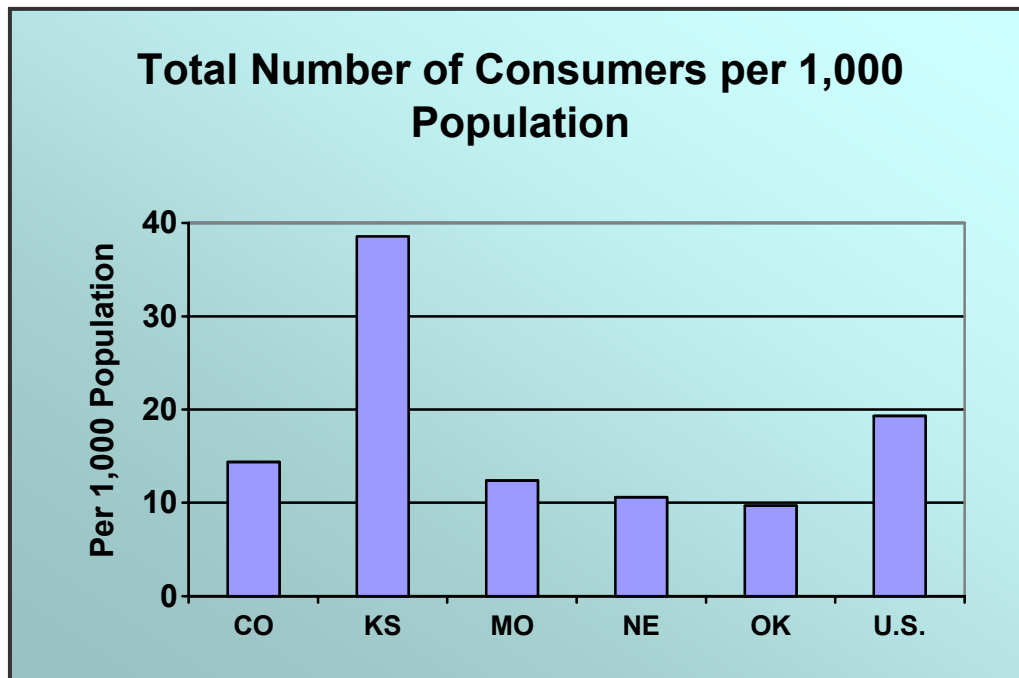
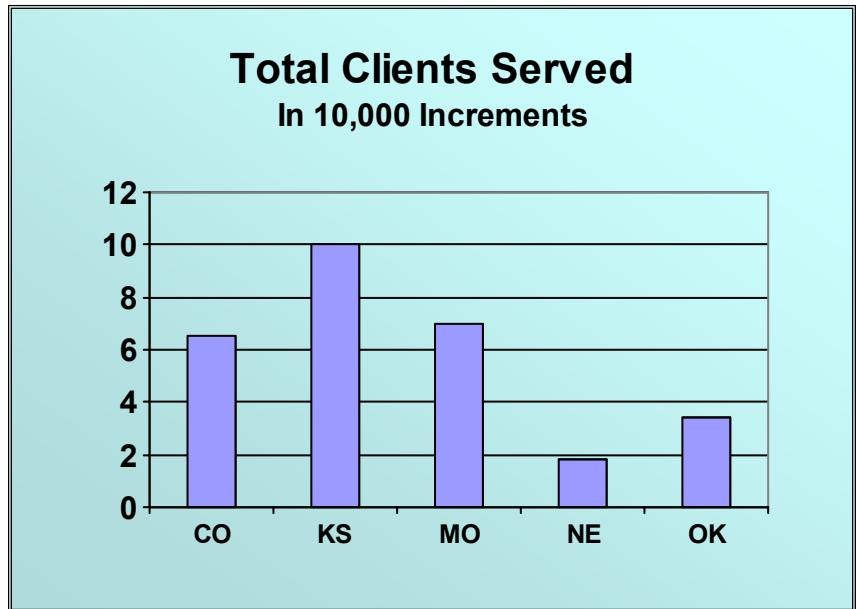
These national and state reports, for the first time, enable regional and national comparative analyses. As with any new major data system, there will be fluctuations in the data, particularly during the first 36 months of the system. This report is a first-ever State effort in Kansas to analyze national information that is currently available. This data will help support the improvement of the public mental health system in Kansas.

We recognize that there exists a multiplicity of variables that impact the way in which individual States report on each data element, therefore, the reader must exercise caution in reaching conclusions based on State or national comparisons alone. Nevertheless, useful conclusions may be developed to improve the public mental health system. With these caveats firmly in mind, we offer the following key points that flow from this initial analysis:

- Kansas serves more individuals in its public mental health system than neighboring States.
- Kansas exceeds all neighboring States in its penetration rates as well as the national average.
- Kansas exceeds all neighboring States in penetration rates for SMI/SED populations.
- Access to CMHC services appears to be near or above desired targets set by SRS.
- Kansas' adult consumers report they are doing better as a result of receiving services moreover than four of the five states regionally.
- More Kansas adult consumers are living independently and are employed competitively than across the 16-State Study.
- Kansas adult consumers as well as children and youth consumers continue to enjoy positive outcomes across time.
- Kansas is a high performer in comparison to surrounding states in relation to consumer survey measures and exceeds the national average and the 16-State comparison.
- Kansas is no different than the national mean for 30 day readmission rates to state hospitals.
- Kansas is fourth among the surrounding States in State Hospital expenditures as a percent of SMHA expenditures, and also under the national average.
- Kansas spends more per consumer than neighboring States.
- Among the surrounding States, Kansas is second to Colorado in Community Mental Health expenditures as a percent of SMHA expenditures. Again, Kansas by far exceeds the other comparison States in the number of individuals served and the penetration rate. Kansas is slightly above the national average.

## Kansas Leads the Way in Number of Clients Served

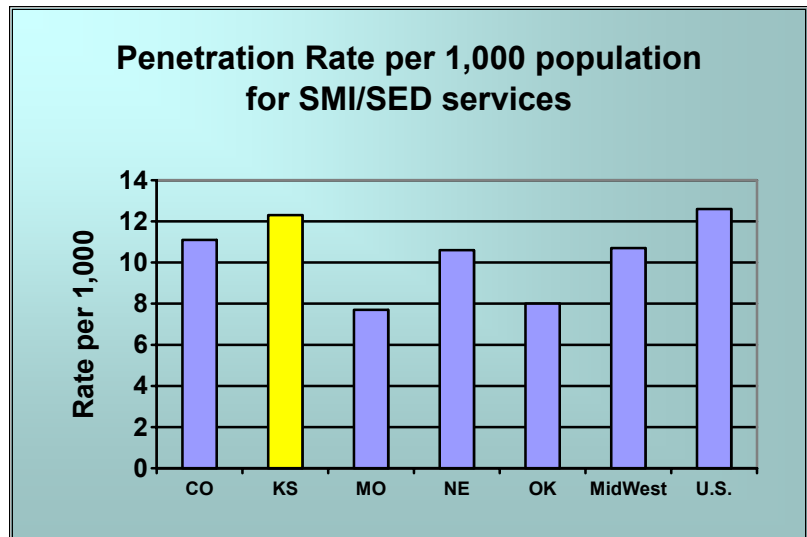
We begin our summary by painting a comparative picture of the total clients served against the respective state's population. Kansas is fourth among the comparative states in terms of size of population. Yet Kansas is clearly leading the surrounding states in total clients served.



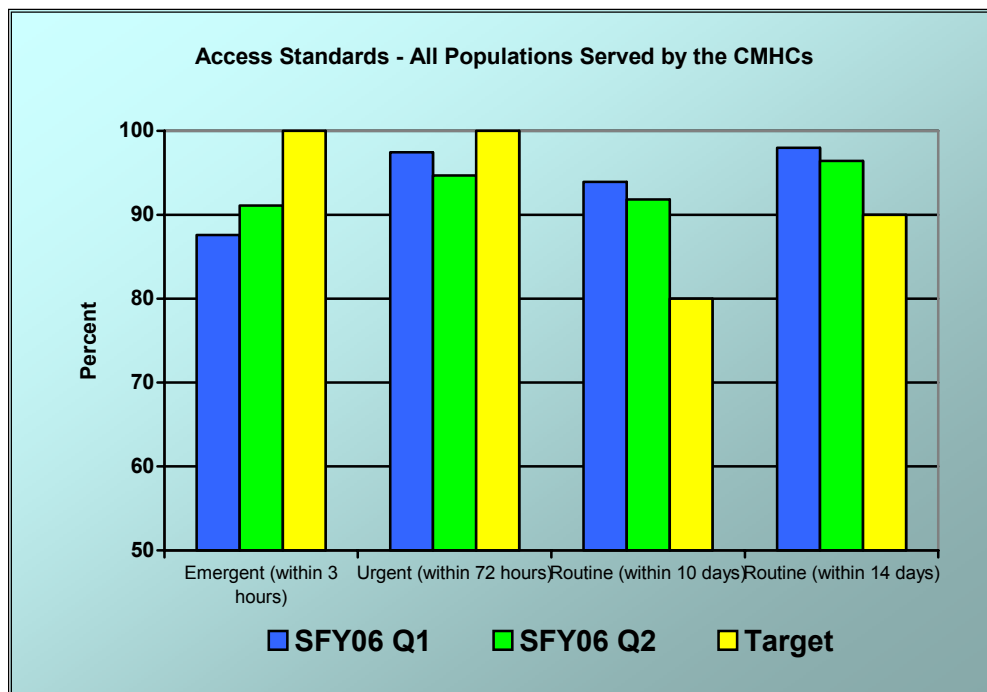
This graph indicates the number of consumers per 1,000 state residents who receive publicly funded mental health services. Again, it clearly demonstrates Kansas serves a much larger population than its neighboring states, as well as that of the national average.

## Penetration Rates Indicate Kansas is Reaching More of the Target Populations than Surrounding States

Data on penetration rates for target populations served indicate that Kansas exceeds its surrounding states efforts and is just slightly shy of the national average.



## Data Confirms that Access to Services is At or Near Desired Targets set by SRS

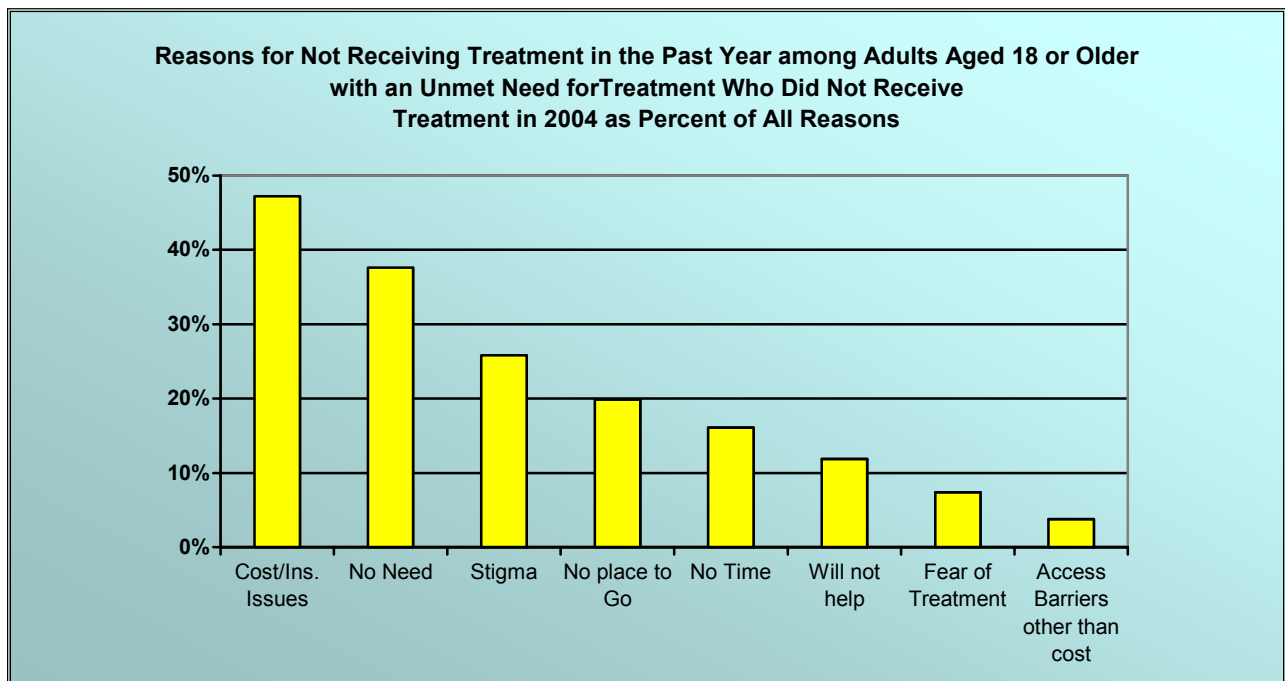


Community Mental Health Centers (CMHCs) in Kansas are held to access standards for all populations served. This graph indicates the CMHCs are near the desired target for emergent and urgent access, and are exceeding the target for routine access.

## National Survey Shows Costs/Insurance Issues Leading Reason for Individuals Not Receiving Treatment

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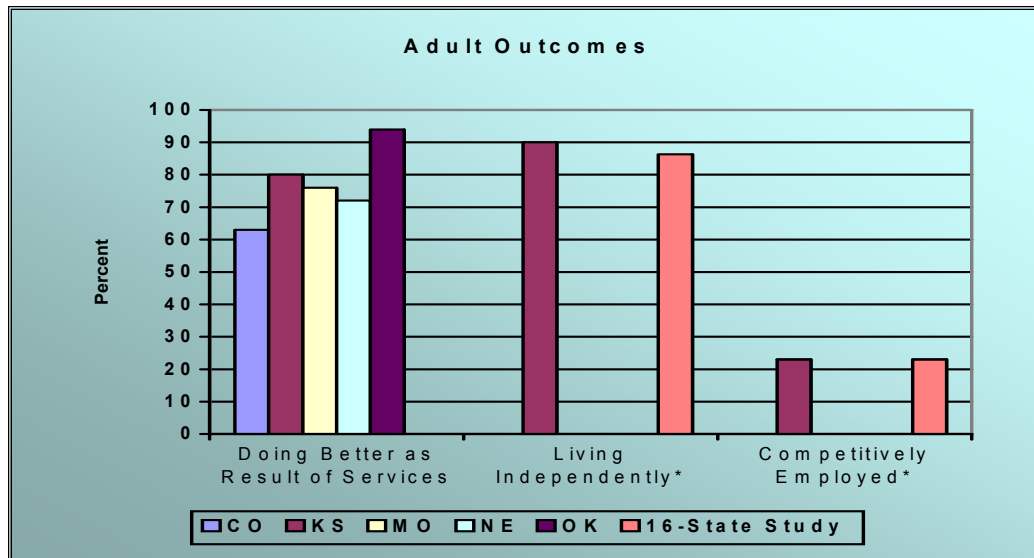
Among the 5.6 million adults who reported an unmet need and did not receive treatment in the past year, several barriers to treatment were reported. These included cost or insurance issues (47.2 percent), not feeling a need for treatment at the time or believing that the problem could be handled without treatment (37.6 percent), stigma associated with treatment (25.8 percent), and not knowing where to go for services (19.9 percent). The result from the 2004 National Survey on Drug Use and Health, a report issued by the Substance Abuse and Mental Health Services Administration, are highlighted below.



## Kansas Consumers Enjoy Improved Outcomes

### Adults

Mental health in adulthood is characterized by the successful performance of mental function, enabling individuals to cope with adversity and to flourish in their education, vocation, and personal relationships.



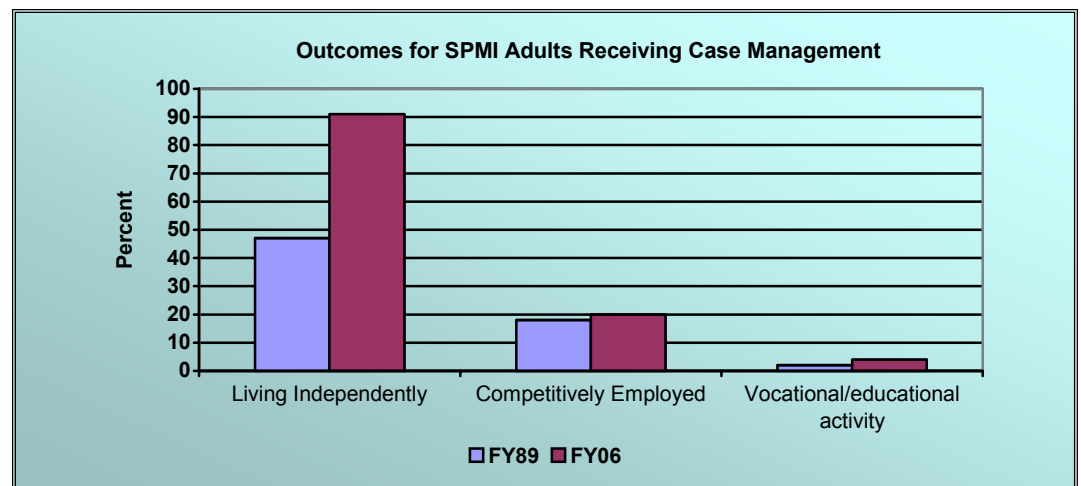
These are the areas of functioning most widely recognized by the mental health field, according to the U.S. Surgeon General's Report from 1999.

It is important to measure consumer perceptions of

the degree of effectiveness of services received. Kansas data indicates that 80% of Kansas adult consumers believe they are doing better as a result of receiving mental health services, second only to Oklahoma.

The data also indicates that 90% of Kansas adult consumers are living independently, exceeding the average of 86% across the 16-state study.

The proportion of Kansas mental health consumers who are competitively employed is 23%, which is also average across the 16-state study.



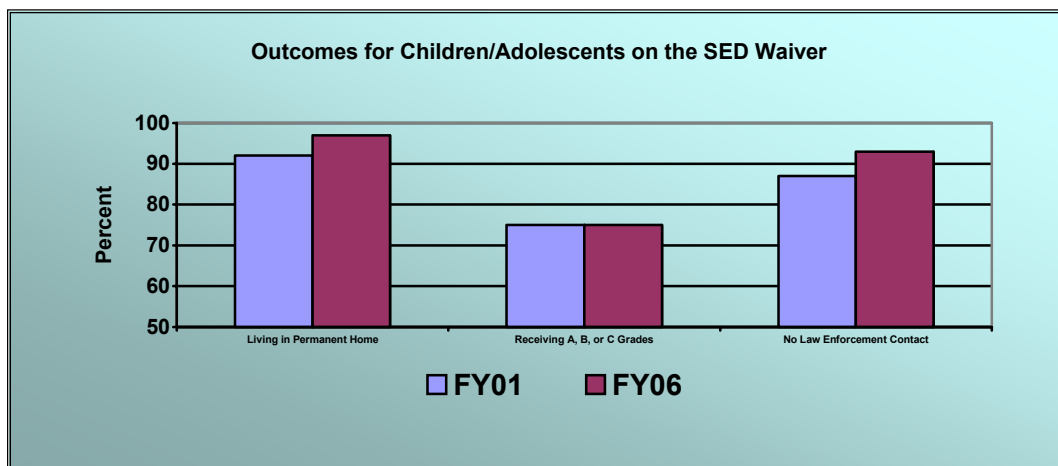
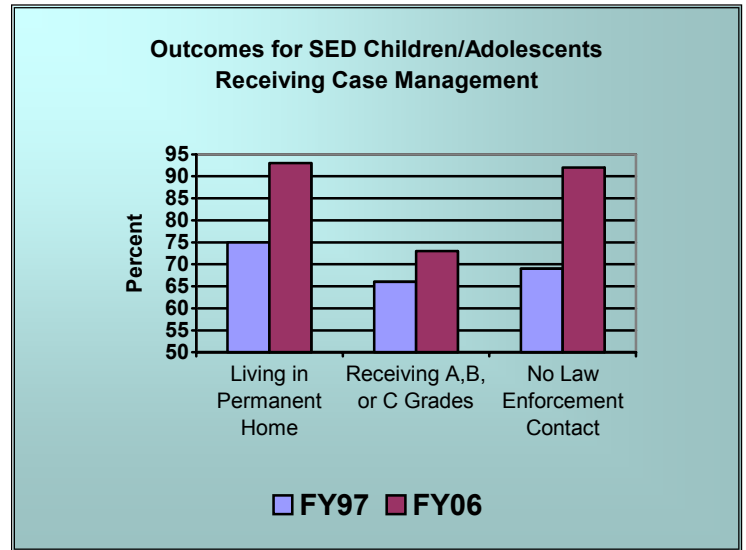
Outcomes for SPMI adults

receiving case management services in the Kansas public mental health system have been tracked over time. Graph 5 indicates that 44% more adult consumers are living independently over the period of time tracked; a sustaining effort in competitive employment; and 50% more are involved in vocational/educational activity.

## Children/Youth

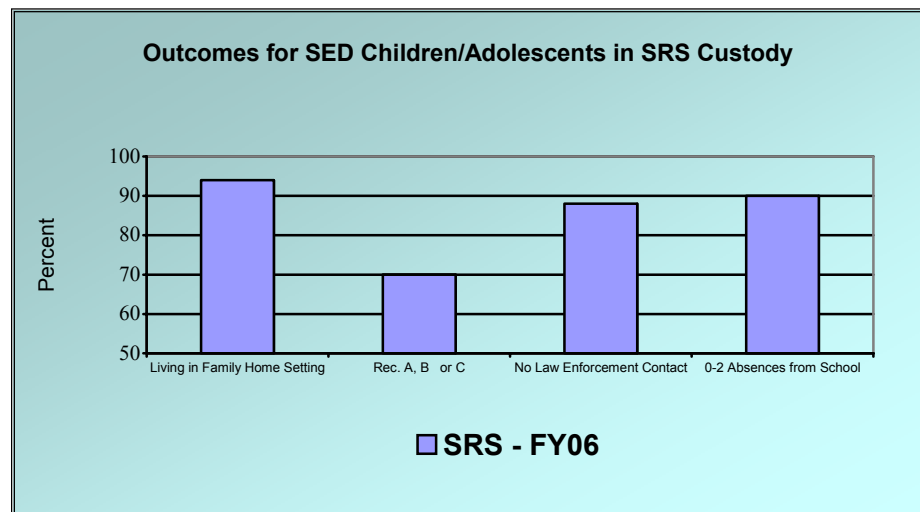
Mental health in childhood and adolescence is defined by the achievement of expected developmental cognitive, social and emotional milestones and by secure attachments, satisfying social relationships and effective coping skills. Mentally healthy children and adolescents enjoy a positive quality of life; function well at home, in school and in their communities; and are free from disabling symptoms.

Kansas children and youth who are SED and receiving case management services continue to enjoy excellent outcomes over three domains: living in a permanent home, school grades and contact with law enforcement.



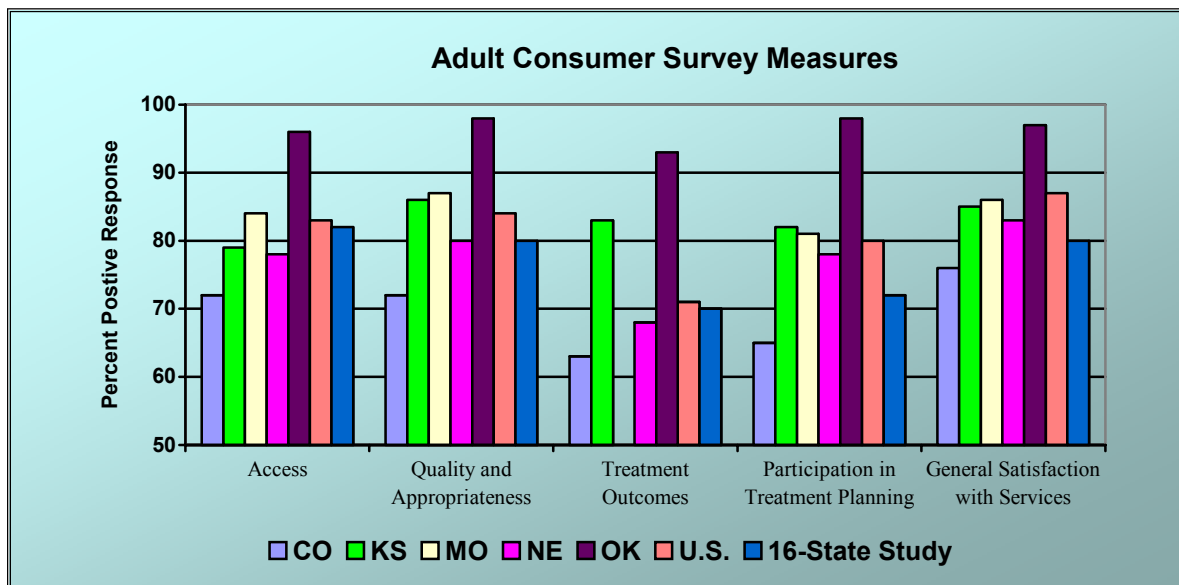
Kansas children and youth who are served on the SED Waiver enjoy even higher outcomes while traditionally being a more challenging population to serve.

Data indicates Kansas also enjoys positive outcomes for SED children/adolescents in SRS custody.



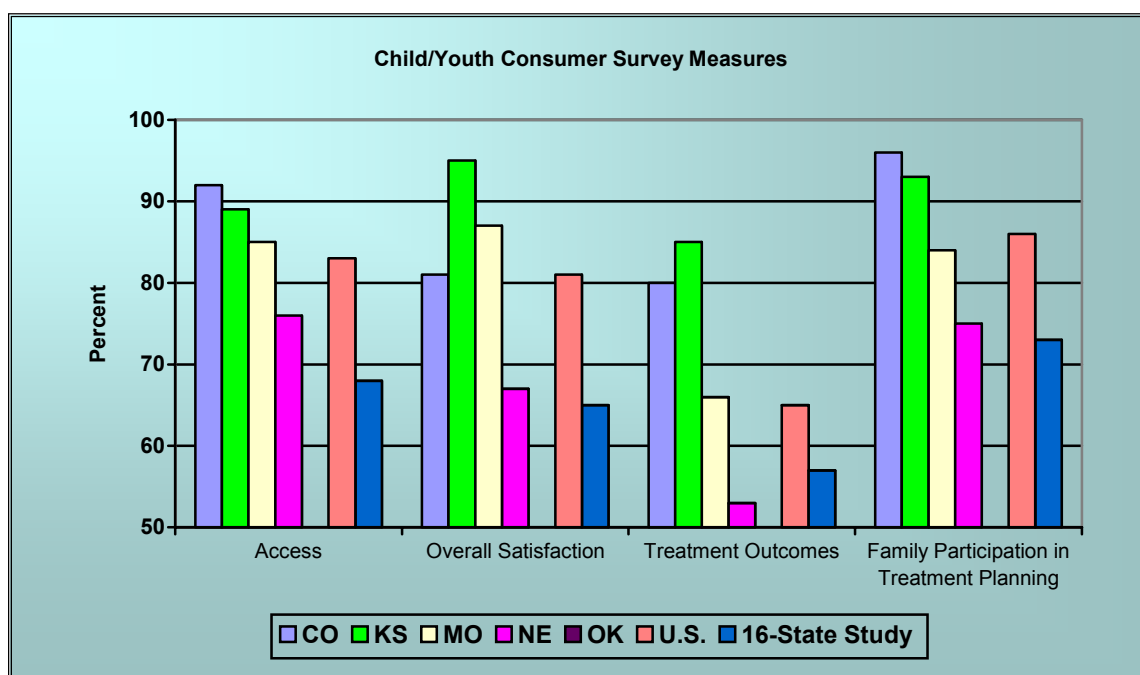
## Consumer Satisfaction Levels Are High Across the System

Kansas consumers and families give high ratings across all domains and those ratings stand up well in comparison to the surrounding states, nationally as well as compared against the 16-state study. The



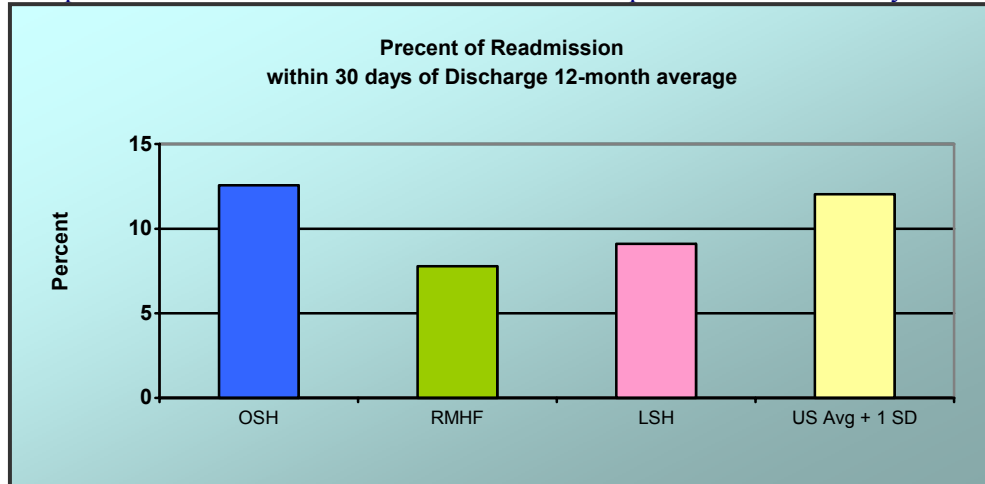
lowest rating for Kansas in adult domains is in the area of access, with a rating of 79%, just slightly below the national average as well as the average of the 16-state study. It is interesting to note the difference in the data reflected on page 3 Access Standard graph, in comparison to the consumer's perception when surveyed.

Surveys of children, youth and their families in Kansas indicate that Kansas again is near the top of the pack in comparison to the surrounding states and exceeds national averages and averages of the 16-state study.



## 30-Day Readmission Rates to State Mental Health Hospitals in Kansas No Different Than National Mean

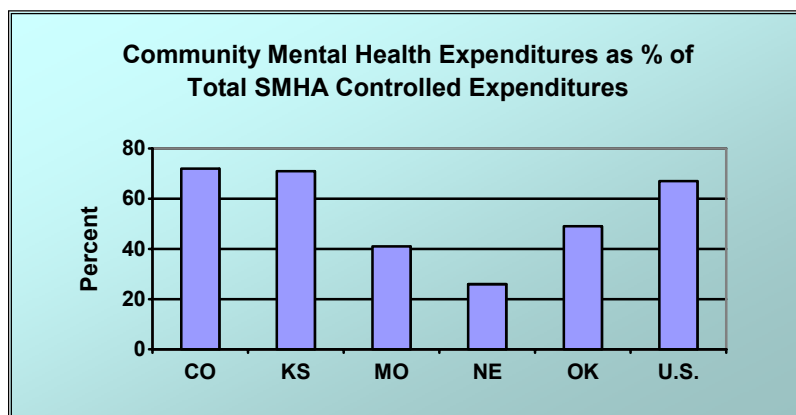
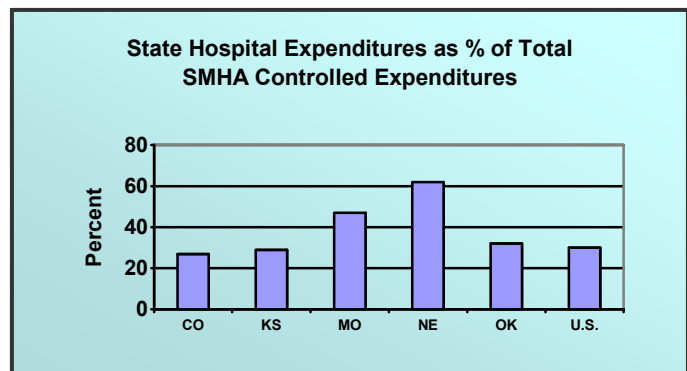
The performance of the three state mental health hospitals is not statistically different than that of other



states when examining 30 day readmission rates for inpatient care. The following graph shows LSH, OSH and RMHF in comparison to the performance of other state mental health hospitals across the country using the national mean.

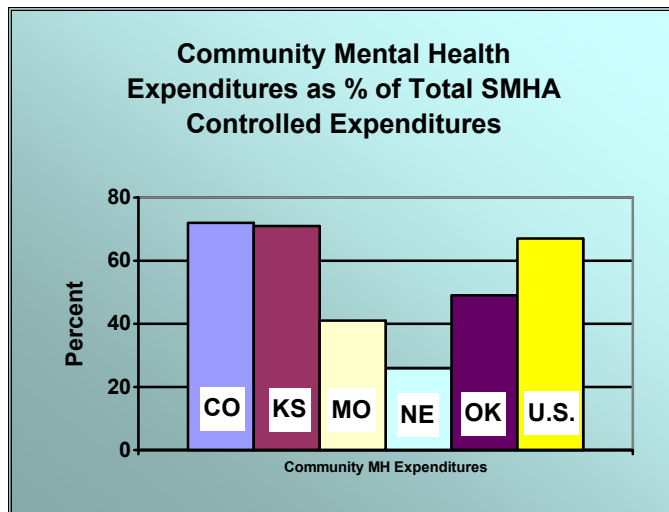
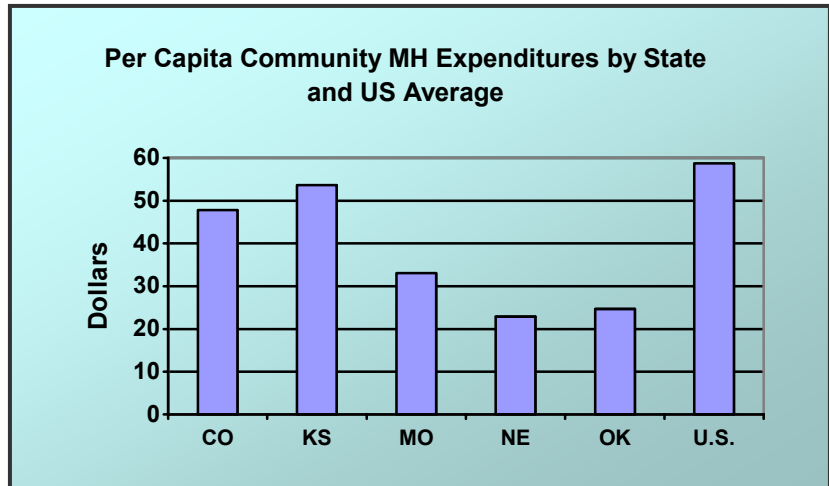
## Expenditures in Kansas

Kansas is fourth out of the five states in comparison to state mental health hospital expenditures as a percent of the total SMHA controlled expenditures. Kansas also falls below the national average.



Kansas is second in the five state comparisons when examining community mental health expenditures as a percent of the total SMHA controlled expenditures. Kansas is slightly above the national average.

While Kansas does spend more per capita on community mental health, Kansas is still below the national average. It is important to also note again that among the five state comparison, Kansas by far serves more individuals in its public mental health system.



An examination of SMHA-controlled expenditures for FY02 as a percent of total state government expenditures for the five state area indicates that Kansas is third among the five states, and at the national average.